F3 Stakeholders Meeting
Tuesday, January 22,2002 6:30- 9:30 PM

Report on convener's response to stakeholder Principles:

- Adopted; will be converted (intact) to a checklist to ensure their consideration in decision-making.
- Question: how so we meet our principles? Structure? Action? Future of stakeholder group?
- How do we "enforce" these principles? Who has power? Where are the targets? How do we activate and get others to take it seriously?
- Apply brakes with questions?
- These are issues that need to be tackled soon.

Initiation of Option Generation (brainstorming ideas for action):

- Add future F3 structure to issues for option generating.
- Revisit system of care.
- No "super agency".
- Transition from grant to grant-free; does it go to counties? (question of sustainability).
- F3 is just to start system of care; elements of system of care need to stay in community.
- Direct services will all remain in community (F3's intent).

Options for issue of ASSESSMENT:

- 24 hours a day, seven days a week.
- Available for family walk-in, not just for juvenile justice system.
- Bilingual staff.
- Substance abuse evaluation.
- On-going involvement of families with assessment development and implementation.
- Service delivery process connected to assessment.
- Be inclusive -get all players at the table; what about other stakeholders who aren't involved?
- Mental health needs of child be part of assessment.
- Use developmental assets; continued use of strength-based questions.
- All services remain culturally competent.
- Community training -different agencies help train -is this related to assessment?
- User access: ensure the public knows (infomercials; late at night, featuring Gus!).
- Regular sharing of information, want numbers of children, families, outcomes, for management purposes.
- Are there any laws/regulations that may obstruct? Do we exist in state statute?
- Need to make state agencies aware of services; public advocacy- facilitate, not hinder, public policy approach.
- Still have information sharing -eliminate roadblocks -and preserve confidentiality.
- Make sure recommendations are followed through with -oversight.
- Tracking recommendations, implementation, barriers, information and interagency releases to avoid redundancy; is there a Lincoln Public Schools -F3 (assessment?) information sharing agreement? Signed letter of release necessary but Assessment Center can fax to LPS to get information; interagency release allows parents to sign once and allow information sharing.

- Assessment Center is for evaluation, not service provision -need links to outside agencies, providers; need the services to be provided to meet Assessment Center recommendations and oversight to see that it happens.
- Ensure authority with regard to assessment; linkages to system of care and assessment and not a dead-end; without services and authority to implement, Assessment Center is neutered.
- Who pays for walk-ins?
- Get Medicare to recognize and pay for services (private insurers, too) and reimburse non-standard interventions or assessment -money follows the kid.
- Assessments tailored to child's needs -not fitting child into mold. Swift and timely -don't sit for hours; need adequate staffing.
- Have staff persons who are responsible -to shepherd -to see that recommendations are followed. Oversight committee that is culturally diverse -representation from different cultures -to make sure services are culturally competent.
- Families involved in each step of assessment process and decision-making.
- Clinicians respond in timely and direct manner with agency -e.g. fax release (not mail), phone calls, net access.
- Connect via Internet -direct links -24 hr/day access for basic information: is child on IEP (Individualized Education Plan), MDT reports, etc; read-only access for information needed by Assessment Center.
- Have a contact person who makes it a priority.
- Look at public policy that may hinder or can promote.
- Have stakeholder group meet quarterly or monthly for follow through -evaluation of assessment process by "standard bearers."
- Larger group could take on community advocacy regarding whether assessment process is meeting principles -an advocacy and promotion role.
- Assessment Center be able to do substance abuse evaluations and use information in a beneficial way, used to get services that are needed, or to find them, or maybe create more (not have the evaluation and then have it harm in criminal justice system; if find substance abuse, when parents bring in, can we NOT tell the state?
- Are there laws to protect child relative to drug abuse test results? Youth protected by law- Assessment Center cannot tell parents if test positive.
- If law enforcement officer suspects child under the influence can take child to emergency room. Distinguish among rules; needs to be a clear understanding of court-ordered, law enforcement, when Assessment Center does it, etc., and what information needs to be addressed.
- All issues need to be addressed around drug and alcohol evaluations -need to get away from pre-conceived stereotyping, etc.
- Substance abuse doesn't get addressed now until youth is well entrenched in juvenile justice system; in other mental health areas, looking at meeting needs, but with substance abuse, kids end up in juvenile justice. It's less positive -it's a different attitude and approach -it's "just quit."
- Reduce barriers around needs of child -find ways to help parent make appropriate choices; parents need to know what is allowed and what Assessment Center can do or when to take to private physician; if law violation -there's different rules.

Options for issue of CRISIS RESPONSE:

- 24/7 availability to help -phone crisis response; in-house; in-person (e.g. when child needs stabilization, or when parents can't have in home but child is not a danger to self or others.

- A respite.
- Resources available for families to access.
- Immediate follow-up -follow-up next day to make sure stable now.
- Have a safe place for child and family to separate without legal or hospital intervention.
- Bi-lingual, bi-cultural response; need to know dynamics of all cultures.
- How do you find out who the resources are? Training Institute to include multi-cultural, cross- cultural training (F3 to put together) issues to be identified to know what cultural resources are available.
- "Point-people" to respond to crisis; need a coordinator -a person or agency to help give access to other resources.
- Doesn't have to be a facility -could be grandparents, other resources.
- Assessment Center could identify some resources before police officers show up.
- MIS (management information system) can do a search for crisis need under various parameters; will also be web-accessible; web for cultural, religious resources; from clinical perspective -can seek shelter bed for l5-year-old girl; if can do with providers, can do with other cultural resources.
- Family sensitivity: family member/therapist (i.e. a therapist who's been there) to promote comfort, understanding, and offer family resources for follow-up and support system (step-down: people who have in-home experience though not therapeutic background).
- Dream is to have a team: a therapist and a family member.
- Family involvement in family sensitivity training.
- Who responds is significant to the family member (one person versus two people, one of whom is family member); to be able to choose who responds when you (as family member) call.

Options for issue of TRAINING AND TECHNICAL ASSISTANCE:

- Establish training institute.
- Involve family members in training and development of curriculum.
- Like a college without a rigid curriculum.
- Collective expertise; multidimensional.
- Responds to changing community needs.
- Build upon what is already there; tap into community resources using local expertise supplemented by outside resources; don't duplicate things.
- Everything -development, curriculum, training -immersed in and carrying out F3 principles.
- Expand beyond our community -extend the invitation to help other communities develop system of care; involve others from outside the community.
- Accommodate people at all different levels.
- Cross-cultural "shadowing" -utilize people from other parts of the country (bring them in to Lincoln).
- Institute can provide cross-cultural services -to providers and to community organizations (e.g. bilingual speaker).
- Two tracks: on going training and basic certification, and development forms of services such as leadership and collaboration skills, etc., not "training" per se; sustain by offering more than training; and train new trainers -send them to other places for new training.

- ISSUES FOR NEXT MEETING: service development, resource development, service delivery, respite, evaluation, and F3 infrastructure (community, family, system of care integration).